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<b>COMPANY:</b> USPTO	<b>DATE:</b> March 24, 2006	<b>MAR 24 2006</b>
<b>FAX NO.:</b> (571) 273-8300	<b>TOTAL NO. OF PAGES:</b> (including cover sheet) 18	
<b>YOUR REFERENCE NO.:</b> 09/910,159	<b>OUR REFERENCE (C/M) NO.:</b> 005222.00131	
<b>RE:</b> In re: Appln. Devitt, et al Appln. No. 09/910,159 Filed: July 20, 2001 For: Rule-Based On-Line Product Selection		

**OFFICIAL FAX***If you do not receive all page(s) or have any problems receiving this transmission, please call:*

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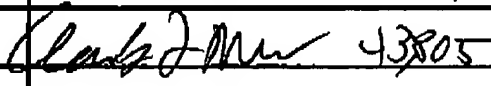
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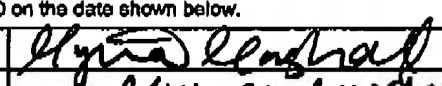
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	09/910,159
		Filing Date	July 20, 2001
		First Named Inventor	Devitt, et al
		Art Unit	3827
		Examiner Name	Joseph A. Fisetetti
Total Number of Pages in This Submission	18	Attorney Docket Number	005222.0013

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): RCE Transmittal Fax Cover Sheet
<b>Remarks</b> The Commissioner is authorized to debit or credit any overpayment or deficiency from our Deposit Account No. 19-0733.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	Kenneth F. Smolik		
Date	March 24, 2006	Reg. No.	44,344

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Hyatt H. England	Date	3/24/06

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Effective on 12/03/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>for FY 2005</b>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/910,159
		Filing Date	07/20/2001
		First Named Inventor	Mara Q. Devitt
		Examiner Name	Joseph A. Fischetti
		Art Unit	3627
TOTAL AMOUNT OF PAYMENT (\$ 1,010.00)		Attorney Docket No.	005222.00131

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#### FEE CALCULATION

##### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	---
Design	200	100	100	50	130	65	---
Plant	200	100	300	150	160	80	---
Reissue	300	150	500	250	600	300	---
Provisional	200	100	0	0	0	0	---

##### 2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
_____ - 20 or HP = <u>2</u>	<u>2</u>	<u>50</u>
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
_____ - 3 or HP = _____	_____	_____
HP = highest number of independent claims paid for, if greater than 3.		

##### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

##### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): One month extension of time fee and RCE Fee

**Fees Paid (\$)**

210.00

#### SUBMITTED BY

Signature	<u>Kenneth F. Smolik</u>	Registration No. (Attorney/Agent)	<u>44,344</u>	Tel. phone	<u>(312) 463-5000</u>
Name (Print/Type)	<u>Kenneth F. Smolik</u>	Date	<u>03/24/2006</u>		

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